

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000006481

Entity Name: AGAPE CHIROPRACTIC, INC.

Current Principal Place of Business:

500 SOUTH CYPRESS ROAD
SUITE #4
POMPANO BEACH, FL 33060

Current Mailing Address:

421 SE 4TH AVE.
POMPANO BEACH, FL 33060 US

FEI Number: 65-1089282

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HALEY, AMANDA
421 SE 4TH AVE
POMPANO BEACH, FL 33060 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D	Title	D
Name	HALEY, AMANDA	Name	HALEY, MICHAEL
Address	421 SE 4TH AVE	Address	421 SE 4TH AVE
City-State-Zip:	POMPANO BEACH FL 33060	City-State-Zip:	POMPANO BEACH FL 33060

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AMANDA HALEY

PRES.

01/11/2015

Electronic Signature of Signing Officer/Director Detail

Date